



EXCAVATION WITHIN RIGHT-OF-WAY PERMIT
 Engineering Dept. • Phone: (608) 789-7505 • Fax: (608) 789-7367
<http://www.cityoflacrosse.org> engineering@cityoflacrosse.org

Permit No.:
Date:
Munis #:

STATUS:

CONTRACTOR	Name:	Miller Earthworks		
	Address:	W3610 Silha Rd		
	City:	La Crosse	State:	WI
			Zip Code:	54601
	Phone:	Cell:	Fax:	Email:
	608-386-6420	386-6430		Millerconst55@yahoo.com

PROJECT	Location of Excavation:	403 Jackson St.		
		<input checked="" type="checkbox"/> Open Cut	(Circle One)	<input type="checkbox"/> Boring
	Area to be excavated (check all that apply):	<input checked="" type="checkbox"/> Street <input checked="" type="checkbox"/> Blvd. <input checked="" type="checkbox"/> Curb/Gutter <input checked="" type="checkbox"/> Sidewalk <input type="checkbox"/> Alley <input type="checkbox"/> Other		
	Number of Traffic Lanes that will Close:	2	Number of Parking Lanes that will Close:	2
	Purpose of excavation (Check all that apply):	<input checked="" type="checkbox"/> Water <input checked="" type="checkbox"/> San. Sewer <input checked="" type="checkbox"/> Storm Water <input type="checkbox"/> Gas <input type="checkbox"/> Electrical <input type="checkbox"/> Communication <input type="checkbox"/> Other:		
Estimated Start Date:	April 8?	Completion Date:	April 12?	

Note #1: The undersigned understands and agrees to the following: 1) The permitted work shall comply with all permit provisions and conditions listed on and attached to this form; 2) That insurance requirements shall be met prior to approval either by submitting information with application or by keeping current information on file with the Engineering Department.; 3) The applicant shall contact City Dispatch and the City Traffic Engineer 24 hours prior to the closure of any traffic lanes and shall provide an estimate of the duration of closure. Temporary traffic control shall be provided and maintained by the applicant and shall comply with Part 6 of the Manual on Uniform Traffic Control Devices (MUTCD).

Note #2: Once invoiced, application fees may not be refunded.

Matthew Miller
 (PRINT) AUTHORIZED REPRESENTATIVE
Matthew Miller
 (SIGN) AUTHORIZED REPRESENTATIVE

owner 1/31/2024
 TITLE DATE

Office Use Only	Customer #:	Invoice #:
	Permit Issued By:	
	Permit Conditions:	